



2024/2025 Membership Form

Full name:	
Date of Birth:	
Gender:	
Address:	
Postcode:	
Phone Number:	
E-mail address:	

Do you agree to be a member of the WPC Whatsapp Group: Yes / No

Do you wish for your contact details to appear in the club directory (to be shared amongst members): Yes / No

How would you prefer to be contacted:

Method	Yes	No
Whatsapp		
E-mail		
Phone		
Text		

Emergency contact

Name:

Relationship

Phone Number

Some information about your photographic interests:

Experience level: beginner/ Intermediate / Advanced

Equipment:

Camera brand/make:

Digital or Film or both

Computer brand:

Photo Software:

Do you use your phone for photography: Yes / No. If 'Yes' what make/type of phone do you use?

Agreement:

I hereby agree to abide by the rules and regulations of the Photography Club. I understand that my membership can be revoked if I fail to comply with these rules.

Signature

Date